


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90025 019 ****61.25

DOCUMENT # N99000006941					
1. Entity Name LIGHTHOUSE OF HOLINESS, INC.					
Principal Place of Business 3120 EAST JOHNSON AVE HAINES CITY, FL 33844			Mailing Address P O BOX 2561 HAINES CITY, FL 33844		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	05162006 Chg-NP CR2E037 (4/06)	
4. FEI Number 59-3669148				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JORDAN, EDWARD P ESQ 1460 EAST HIGHWAY SO CLERMONT, FL 34711			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Christopher A Whiffen</i>				DATE <i>5-15-06</i>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
* Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WHIFFEN, CHRISTOPHER A	NAME	Edward Crowder		
STREET ADDRESS	5933 KALOGRIDIS ROAD	STREET ADDRESS	5741 Little Eva Rd		
CITY-ST-ZIP	HAINES CITY, FL 33844	CITY-ST-ZIP	Haines City, FL 33844		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GRIFFITH, JENNIFER	NAME	Donald Walter Griffith		
STREET ADDRESS	5933 KALOGRIDIS ROAD	STREET ADDRESS	5943 Kalogridis Road		
CITY-ST-ZIP	HAINES CITY, FL 33844	CITY-ST-ZIP	Haines City, FL 33844		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DURDEN, WILLIAM T	NAME	Christopher Garrett Whiffen		
STREET ADDRESS	5933 KALOGRIDIS ROAD	STREET ADDRESS	5949 Kalogridis Road		
CITY-ST-ZIP	HAINES CITY, FL 33844	CITY-ST-ZIP	Haines City, FL 33844		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Christopher A Whiffen</i>				DATE: <i>5-15-06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE: <i>863-287-7428</i>	